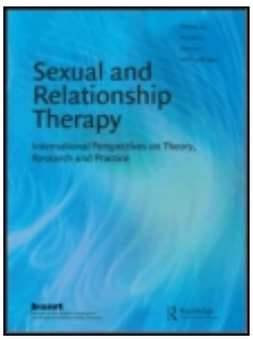

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Intimacy and its relevance in human functioning

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ABSTRACT *A comprehensive review of the literature relating to the study of closeness and sexual intimacy and their impact on human functioning is presented. The constructs of closeness and intimacy are outlined in terms of definitions, classifications and measurements by social researchers and clinicians. Following this, salient literature is discussed from psychological and sociological perspectives. Finally, the clinical application of the literature is outlined in terms of a relevant range of disorders and psychosexual therapy.*

KEYWORDS: *closeness; intimacy; sexuality; relationships; human functioning.*

Introduction

Changes in modern relationships have led to intimacy emerging as a serious, relevant concept (Jamieson, 1998). Understanding of various factors that define intimacy and sexual behaviour is needed to avoid prejudices, misinterpretations and unhelpful practice. In line with this, the goal of this work is to investigate the concept of intimacy and its relevance to human functioning, pathology and therapy. The work aims to review meanings, purpose, development, variations and theories related to emotional and sexual intimacy.

Meanings

Term and general definitions

The noun 'intimacy' derives from the Latin term 'intimus' which means 'innermost' and refers to sharing what is inmost with others. Its 'core sense' concerns close familiarity or friendship, while its 'subsenses' (Soans & Stevenson, 2003) extend the meaning to sexual activity (euphemistically) and to what is private, cosy, personal and thorough (Soans & Stevenson, 2003: p. 907). 'Intimacy' and 'closeness' are usually used interchangeably and equated with each other (e.g. Miller & Lefcourt, 1982;

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Geddes & Grosset, 1999: p. 770). However, sometimes intimacy implies a romantic or sexual (thus more specific) dimension and a more intense form of closeness (Marks & Floyd, 1996), while closeness often refers to the emotional component present in various relationships.

Conceptualizations

Because of its complexity and cultural, educational and gender differences in meaning, intimacy is difficult to define (Ridley, 1993). Birtchnell (1997a) defined 'closeness' as the condition of being physically and emotionally involved with other individuals in a way that increased informalities, freedom of communication and interdependence. Schaefer and Olson (1981) operationalized intimacy as 'a process and an experience which is the outcome of the disclosure of intimate topics and sharing of intimate experiences' (p. 51). For these authors emotional intimacy refer to experiencing feelings of closeness, of being listened to, understood and free in expressing oneself, while sexual intimate experience refers to sharing of general affection and/or sexual activity.

Intimacy is assumed to involve freedom to express negative emotions and to disagree (Holahan & Moos, 1983). The term is further associated with some form of liking (Burnett & Demnar, 1996) and love (Sternberg & Barnes, 1985), appropriate and honest self-disclosures (Graham & LaFollette, 1986), equality and deep, privileged knowledge of people involved (Jamieson, 1998). (If a receiver of personal information is not 'privileged', the closeness is lacking, as TV-chat shows prove.) Closeness has a positive connotation, is usually desired and requires certain social skills (Birtchnell, 1997b); although usually linked, intimacy, love and sex are sometimes separated (e.g. prostitution, sexual abuse).

Closeness seems to be a core factor of more general concepts such as cohesion (bonding), social support and dependence. It is also seen as the degree of mutual, affective and behavioural dependence (e.g. Levinger, 1980). However, too much dependency, described by Birtchnell (1997b) as a mixture of attachment/closeness and receptiveness/lowerness that is concerned with seeking help, may inhibit intimacy. Intimacy requires a positive attitude to and devotion to the needs of both others and self, clear personal boundaries, individuation (Siegel, 1992), openness, reflexivity, equality, sensitivity (Giddens, 1992) and autonomy (Holmes, 1997). Dependence usually indicates an excessive reliance on a relationship to define the self (Rathus & O'Leary, 1997; Giddens, 1992), a lack of validation (reassurance, affirmation) and internalized resources (e.g. 'nurturing objects') and revived fears of engulfment or of being controlled (Siegel, 1992). In 'codependence' (Giddens, 1992), with its lack of choice and underdeveloped self-identity and self-confidence, in order to sustain a sense of security, one compulsively requires others from whom to gain her/his reward. However, this actually prevents openness (Giddens, 1992).

Closeness has been defined by a number of its components. These include emotion/affection, overt physical behaviour (e.g. eye-contact, physical proximity, smiling, warm tone of voice; Foot *et al.*, 1979), verbal and non-verbal self-disclosure

(Hetherington & Soeken, 1990; Sherman & Thelen, 1996). In addition, authors have emphasized the role of interaction, commitment, jointly held ideals and the value of exchanged resources (Kayser & Himle, 1994).

Classifications

Closeness and relationships differ in their nature (e.g. sexual vs. friendship), pattern (frequency vs. intensity: Miller & Lefcourt, 1982), diversity, duration, strength (Berscheid *et al.*, 1989), exclusivity, etc. Aron *et al.* (1992), distinguished between 'feeling close' and 'behaving close', thus emphasizing external and internal forms of relationships. Another popular distinction was between perceived and expected closeness (Schaefer & Olson, 1981), i.e. experienced and ideal closeness (Sternberg & Barnes, 1985). Furthermore, Birtchnell (1997a) distinguished between positive/adaptive (associated with sharing, supporting, etc.) and negative/maladaptive closeness (associated with fear of being alone), and Graham and LaFollette (1986) differentiated between intimate encounters and intimate relationships, the latter involving several types of intimate experiences.

Following discussions with several groups of lay people and some initial uncertainty about the number of categories, Schaefer and Olson (1981) provided a systematic, five-category classification of closeness based on type of experiences shared, including:

(1) emotional (experiencing feelings of closeness, of being listened to, understood and free in expressing oneself);
(2) sexual (sharing general affection and/or sexual activity);
(3) social (having common social networks);
(4) intellectual (sharing ideas); and
(5) recreational (sharing interests in hobbies and sports).

Similarly, Crowe and Ridley (1990, cited in Ridley, 1993) identified four areas of closeness/distance: emotional, operational, physical and sexual. To this list of 'interpersonal' types of intimacy Mills and Turnbull (2004) add the controversial concept of 'intrapsychic intimacy' (characterized by self-awareness and self-acceptance).

Relating to sexual intimacy, Bancroft (1989) identified wasted (no intimacy), immoral (abusive) and dangerous (risky) sex. By distinguishing between 'procreational', 'relational' and 'recreational' sex, Masters *et al.* (1995) provided another elegant classification system. Investigating individual differences that more obviously existed, Orlofsky *et al.* (1973) distinguished between Preintimate (lacking sexual relationships), Intimate, Stereotyped and Isolate intimacy status.

It appears that there exist several problematic classifications of closeness. They are often the products of speculation rather than more rigorous evidence based practice. Pure one-type intimate experiences seem rare and often conceptually and empirically unclear.

Measures of interpersonal closeness/intimacy

Despite difficulties, researchers and clinicians have shown an interest in measuring closeness-related constructs and various methods have been used. Clinicians frequently used (costly) *interviews* and researchers tend to use well-controlled systematic observation (e.g. Milne & Netherwood, 1997). Sometimes, to obtain more reliable data, multiple informants were used (e.g. Hindy & Schwarz, 1994). Despite their low realism, longevity of effects problems and ethical issues, well-controlled role-playing methodologies/experiments have also been utilized (e.g. Hindy & Schwarz, 1994). However, most researchers used self-report, usually multi-dimensional measures of closeness (e.g. Berscheid *et al.*, 1989), that are either theory-based (e.g. Feeney *et al.*, 1994), theory-free (e.g. Miller & Lefcourt, 1982) or provide information on various types of expected and perceived closeness (e.g. Schaefer & Olson, 1981). Similar questionnaires measure various type of expected and perceived closeness (e.g. Schaefer & Olson, 1981), fear of dating and friendship intimacy (e.g. the Fear of Intimacy Scale; Sherman & Thelen, 1996) and concepts related to sexual intimacy, e.g. sexual satisfaction (e.g. GRISS: Rust & Golombok, 1986, in Milne 1992). Perceived changes (e.g. after a childbirth) in physical, cognitive and emotional dimensions of closeness (e.g. Hetherington & Soeken, 1990) and closeness as a component of love (e.g. Sternberg & Barnes, 1985) and marriage (e.g. Waring, 1979) have also been measured.

Psychometric pictorial measures that bypass verbal restrictions have also been developed (e.g. Aron *et al.*, 1992; Popovic *et al.*, 2003). However, some such non-standardized techniques, e.g. Law's (1998) 'intimacy exercise', provide a way of screening more than one relationship but paid no attention to psychometric properties and neglect functional aspect of intimacy. Also, some pictorial instruments lack clarity, simplicity and information about under- or over-provision of closeness (e.g. Schmiedeck, 1978). Others disregarded subjective experiences and replicability (observations), objective variables (self-reports), cost (in-depth training of interviewers; longitudinal studies) and unnaturalness, social desirability and ethical issues (laboratory). It may be time-consuming and costly but the best results in measuring such complex phenomena may be reached by combining (objective and subjective) methods.

Purpose and functions of closeness

Sex was originally practised for the relief of uncomfortable tension and pleasure (Schofield, 1980) and has become associated with a number of functions and needs: reproduction, sharing, fun (Masters *et al.*, 1995), relating (Levine, 1995), protection from core fears (Goldenberg *et al*, 1999), bonding (Dunstan, 1980), confirmation of masculinity/femininity (Stoller, 1976), manipulation (Berne, 1971), dominance, hostility and material gains (Bancroft, 1989). The main attributed reasons for having first sexual intercourse were curiosity/readiness for sex and physical pleasure (more so for men), affection for partner and wedding night (more so for women) and peer pressure (Michael *et al.*, 1994). Therefore, closeness/intimacy helps in gratifying

various needs. Similarly, it is most likely that any sexual act is the manifestation of a unique combination of various general and interactive idiosyncratic purposes.

Mankind has apparently always felt the need to be close and to communicate with other people. Closeness and sexual behaviours are seemingly a product of instinctive, evolutionary and environmental (learning) factors. McAdams (1988) claimed that all individuals possess a biologically based 'intimacy motive'; those higher on such motive appeared warmer, more sincere and egalitarian. Some degree of this 'motive' seems necessary for normal human development. Burnett and Demnar (1996) listed several studies that confirm that children and adolescents' perception of their parents' support and closeness with them were related to their self-esteem. Similarly, Sherman and Thelen (1996) cited several reports showing that, during adolescence, the degree of closeness correlated positively with adolescents' general well-being and negatively with their loneliness, anxieties, depression, educational underachievement and suicide.

A close, satisfying relationship is often considered as the essential factor in adults' health, ability to adapt, happiness and sense of meaning in life. Several studies cited by Schaefer and Olson (1981) confirmed this. Adults involved in loving relationships with open communication were more satisfied with their relationships and less lonely and depressed (Sarason *et al.*, 1987). Closeness was also rated higher than romantic relationship quality items (e.g. exclusivity, satisfaction) (Sternberg & Barnes, 1985).

A lack of close relationships may predict one's response to stress (Miller & Lefcourt, 1982) and stressors (Milne, 1999), and so to feeling powerless, lonely or more likely to abuse substances (Berne, 1971) and, if unemployed, to suffering from psychosomatic symptoms (women) and depression (men) (Holahan & Moos, 1983). Furthermore, Sherman and Thelen (1996) listed a number of studies which found that social isolation and a lack of closeness were associated with depression, poor adaptation to stress, illness, alcoholism and job failure. This matches Bartholomew's (1990) findings that loneliness was associated with poor physical and mental health.

Surveys inform us that 20% of adults or more avoided sexual activity (Bancroft, 1989), etc. If samples are statistically representative, these statistics may be useful in challenging clients' (and clinicians') irrational assumptions. (Establishing causal relationships of various statistical associations would be particularly beneficial.) However, because of technology, educational and cultural factors significant changes may take place between surveys. Also, one finds that the incidence of the same reaction differ from one survey to another; phenomena are defined and measured differently. Also, pharmaceutical companies' sponsored research and subsequent medicalizations, exaggerations and misuse of figures tend to be biased and misleading (Moynihan, 2003). Furthermore, condom manufactures (e.g. Durex) sometimes use 'global' but 'on-line' surveys; however, their 'on-liners' may not constitute a representative sample of the general population.

In short, realized closeness needs, i.e. close and desired sexual and social relationships, appear crucial to people's happiness, functioning and health. Equally, unmet closeness needs and unwanted sexual experiences are often related to later psychological and sexual disturbances (Hunt & Moss, 1996).

Development of closeness/intimacy

Understanding intimacy requires knowledge about the developmental stages while still allowing for cultural variations in maturation. In Bancroft's (1989) model of general sexual development, various strands (development of sex identity, sexual responsiveness and the capacity for dyadic relationships) are used to define normal developmental stages: prenatal life, childhood, adolescence, young adulthood, adulthood, middle age and later years.

Upbringing

Early and adolescent experiences with parents significantly shape the individuals' capacity to form intimate relationships (Bowlby, 1988; Marshall, 1989). Parental inaccessibility leads typically to separation anxiety and avoidance of closeness that may result in avoidance, anxiety/ambivalence (Hazan & Shaver, 1987), loneliness, low self-esteem, mistrust and health problems (McAdams, 1988). Relating and capacity for intimacy may be even more disturbed by parental 'toxicity' (Giddens, 1992) and childhood sexual abuse. Peers, socio-cultural pro-closeness or anti-closeness stands, TV, computers and consumerism may further influence adolescents' development of closeness needs.

Relevant gender differences

The term 'sex' has been used to refer to a person's 'biological status as male, female, or uncertain' (APA, 1994) while 'gender' has psychological and cultural connotations (Stoller, 1976) and includes all relevant sexual characteristics. Tiefer and Kring (1995) have proposed more than two sexual categories ('transgenderist') but do not provide further details or empirical support for this assertion. Similarly, discussions about gender roles' development between various theorists (e.g. 'evolutionists' vs. 'environmentalists') continue.

Due to limited space, gender differences can only be mentioned here in relation to intimacy. A general trend appears to be the minimization of gender differences. However, biological theory (e.g. Braun, 1996) advocates that numerous gender differences are related to evolution, e.g. the male social and sexual dominance and sadism is a manifestation of their natural sex-instinct. Furthermore, he has speculated that males' own survival is their primary concern, while females' concern is the survival of the human race. One can argue that all individuals attempt equally to propagate their genes, but the gender difference exists in that males and females adopt different reproductive strategies and, also, women's sex drive may show higher flexibility (Baumeister, 2004).

First dating usually happens earlier to girls, but they are less genitally orientated (Bancroft, 1988), less impulsive and score lower for romanticism (Argyle & Henderson, 1985); as grown-ups, they value marriage more than men (Giddens, 1992). Using Erikson's concept of identity, Cramer (2000) has demonstrated that the typical female identity involves a sense of intimacy and connectedness whereas the

male identity involves autonomy. (Is one more advantageous than other?) In adulthood, males are more extroverted, impulsive and assertive (Furnham & Henderson, 1981) while women are more emotional, worried and depressed (Byrne, 1981). Ridley (1993) has speculated that women seek less sexual but more physical, emotional and operational closeness. Indeed, in one empirical study (Duncombe & Marsden, 1993), women complain about lack of intimacy, empathy and validation and usually do 'the emotional running' or accommodate to (fragile) low levels of intimacy, while men complain about lack of sex. Similarly, spousal openness appears to be more significant for women's emotional marital satisfaction than for men's (Shackelford & Buss, 2000). In line with men's focus on sexual intimacy, Michael *et al.* (1994) found that men had higher sex drives and more sexual partners, thoughts, orgasms, masturbation, homosexual and adulterous experiences than females. Males are more frequently paraphiliacs and sexual abusers (Bancroft, 1989) and are more impersonal, pleasure-orientated and interested in fantasy and pornography (Eysenck & Wilson, 1979). However, Rubinsky *et al.* (1987) later found that both sexes show similar sexual arousal to erotic movies. Is it becoming increasingly more acceptable for women to report being aroused by erotic materials or are they genuinely becoming different? Nevertheless, gender-determined expectations, that sometimes may be destructive to intimacy, are to a great extent culturally determined (Siegel, 1992). There are, however, reports (e.g. Giddens, 1992) that our social world and intimacy are transforming, challenging the existing dual standards and gender inequalities, though some sociologists remain unconvinced. These sceptics believe that 'masculine intellectual traditionalists' have avoided analysing personal lives and widespread gender differences with regard to experiencing and expressing 'intimate emotion' (Duncombe & Marsden, 1993) and that therapeutic discourse contributes to damaging gender stereotypes and inequality (Jamieson, 1999). Even couple therapists were reported to behave differently just on the basis of their gender, 'challenging' more clients of different gender than those of their own (Haddock & Lyness, 2002).

Many researchers (e.g. Smith, 1997) have concluded that men's tendency towards polygamous relationship and women's tendency towards monogamy/exclusiveness were biologically based. Schofield (1980) disagreed, emphasizing the importance of social scripts. In his opinion, women are biologically better equipped for polygamy, i.e. multiple intercourse and orgasms. (Todays 'serial monogamy' may be partly explained by women's new freedom.) In Greiling and Buss's (2000) study, men were judged to engage in an extra-pair mating more often than women, but women were rated more likely to benefit from this type of mating. The authors emphasize how the average number of sexual partners for men and women must be identical, but the same results may be obtained by many (typical) men and a few promiscuous (atypical) women.

Attractiveness, studied by numerous researchers (e.g. Eysenck & Wilson, 1979; Smith, 1997; Rhodes *et al.*, 2000), has its relevance in dating and intimacy. Seemingly, males often achieve their attractiveness by their 'doings' and females by their 'beings' (Bancroft, 1989) but one should not generalize to non-studied populations. Furthermore, it is possible that attractiveness is multi-layered: social ('pretty') vs. personal level (e.g. privately 'sexy').

Women have been found to use e-mail (Morahan-Martin, 1997) and chat rooms (Cooper *et al.*, 1999) to a greater extent than men, while an increasing number of men are becoming addicted to playing out erotic fantasies via the internet (Cooper *et al.*, 1999). Seemingly, the old gender differences (socio-emotional vs. sexual intimacy) have remained. People's tendency to select complementary partners (Bartholomew & Horowitz, 1991; Bartholomew, 1997) may maintain these differences. In line with this, Basson's (2002) new models of women's sexual response are unlikely equally applicable to males.

Genetic vs. environmental factors

Sexual behaviours are a result of both nature/evolution and nurture/culture and a multidisciplinary team approach to related problems is often required. Many sexual variations may be explained by biological model, i.e. sex chromosomes and related abnormalities, hormonal, neurological, vascular and pelvic problems (Crowe, 1995), mood disturbances, fatigue and medication. Also, societal 'scripts' and psychological causes (fears, avoidance, hostility, disgust, novelty, risk) may increase or suppress sexual responses (Bancroft, 1980). Frequently, these factors are intertwined; for example, infertility may cause tension thus interfering with sexual functioning (Bancroft, 1989). Technical developments in fertility control, HRT and sex reassignment surgery also gives a good example of the interaction and changes of the biological determinants of human sexual activity; our body shapes our psychosexual make-up whereas our psychosexual apparatus shapes our body. Nevertheless, discussions about biological/hormonal and social factors in development of gender identities and sexual responses (or a lack of them) continue. Reliable answers need large samples (including a variety of ethnic groups), which may be unobtainable due to ethical reasons.

Seeking intimacy and sexual pleasures

Sexual partnership/couple

Closeness needs may be attended to through friendship, kinship and various institutions. However, the closest and most significant personal relationship is usually a committed sexual partnership, and intimacy is a factor in couple matching (Tzeng, 1993), relationship quality (Sternberg & Barnes, 1985), stability (Simpson, 1987), marital satisfaction (Schaefer & Olson, 1981) and adjustment (Hetherington & Soeken, 1990). Complementation and similarity theories (Eysenck & Wilson, 1979), 'assortive' mating (race, class, education, height) (Austin, 1980; Smith, 1997) and accessibility (Bancroft, 1989) explain today's matching and formalized sexual relationships—marriages.

In Western society, cohabiting, extramarital, co-marital ('swinging') sex, serial monogamy (Masters *et al.*, 1995) and divorce rates (Kerber, 1994) have been found to be on the increase. Linking to the latter, sexual maladjustment, usually men's ignorance and women's inhibitions, was a contributing factor in the failure of three-

quarters of upper-class marriages (Woods, 1984); their emotional constraints appeared unhelpful to them. 'Pure relationships' with their 'mutual disclosures' (Giddens, 1992), real gender equality, caring and fair behaviour (Jamieson, 1999) are likely to facilitate more positive relationships.

Human diversity/variations

The variety of features and behaviours related to sexual intimacy is endless. Some people are famous for having numerous sexual relationships, others for remaining celibate. The majority of the general population are heterosexual, many are bisexual/ambisexual, some are strictly homosexual. A history of homosexuality, sometimes seen as a continuous variation between two exclusivities of sexual-partner preference (e.g. Reinisch & Beasley, 1990), demonstrates inappropriate generalizations and various criteria in measuring these phenomena and clearly illustrates changeability, stereotyping and socio-politicized attitude to sexual behaviour/intimacy.

As sexuality (with its two poles, 'erotophobia' and 'erotophilia') is an integral part of personality (Dunstan, 1980) various attempts have been made to delineate profiles of sexual minorities. For example, transvestites appeared obsessional and rigid, transsexuals personality disturbed (Bancroft, 1989), male extraverts high on libido and more orgasmic (Eysenck & Wilson, 1979) and rapists high on hostility (Green, 1980). Relating to the latter, the sampling of participants (those imprisoned) does not allow generalization regarding non-imprisoned offenders; also, offenders' self-reports may be of dubious reliability. Often wrongly blamed for sexual crimes, pornography contributes to the sexual experiences of many men. Their interest in it appears statistically normal (Stoller, 1976), facilitates learning (Schofield, 1980) and results in a decline in sexual offences (Green, 1980; Bancroft, 1989).

Due to the multi-dimensional nature of closeness, it may be that a deficit in one type of closeness/relationship is compensated by another.

Theories concerning closeness

Theories of relationships emphasized the existence of one 'intimacy motive' (e.g. McAdams, 1988), dualistic motives of which one is social or sexual (e.g. Freud, 1973), or plurality of needs (e.g. for belonging, contact, sex) associated with relating (e.g. Berne, 1971). Some theories discussed closeness as a prerequisite of love (e.g. Sternberg & Barnes, 1985).

To further make sense of closeness, several relevant approaches are presented. As the scope of this review does not allow a comprehensive presentation of them, only a selection of contributions is mentioned.

Socio-historical approach

As people's closeness needs vary historically and culturally and sexual relationships are a form of social relationship, the socio-historical approach appears essential to understanding them. However, sociologists have been blamed for neglecting

intimacy, love and the gender division of 'emotion work' (Duncombe & Marsden, 1993).

In Jamieson's (1998) opinion, closeness changed from being undervalued (pre-industrial period), to being repressed (Victorian era) and advocated as healthy (the industrial period), to becoming the core of relationships (post-modern period), ideologically promoted (e.g. 'coming-out' stories) and manipulated for parental control. Following changes in family configurations the last two centuries have witnessed the rise of ideals of both 'romantic love' (that presumes a 'psychic communication' and security, and challenges inequality) and 'confluent love' (that presumes equality, disclosure and closeness 'forever') (Giddens, 1992). In this rather optimistic view, females' sexual emancipation and the flourishing of sexual diversity, i.e. 'democratization' of personal life and sexuality, are the primary developments of the last decades. However, in Jamieson's view (1999), despite cultural ideals, there is only some evidence of gender, and intimacy and equality convergence. For liberal feminists, socialization processes still produce gender discrimination that deny skilled work to one gender and a close relationship with their children to the other (Haralambos & Holborn, 1991).

In our post-modern period, no longer marriage but intimacy, diversity, equality and sexual permissiveness serve as the norm or ideal. Today's individualism and consumerism may have weakened relationships, but close relationships of equal parties entered into for their own sake now appear fashionable. However, for Jamieson (1999), the couple's mutual disclosures are not more important for their relationship than their fair behaviour and practical love and care, that reflect wider engagement with the world. Nevertheless, constant revision of the concept such as 'closeness' is needed, as new meanings, e.g. 'internet sexuality' (Griffin-Shelley, 2003), and relevant shifts in couples' economic and political powers (Duncombe & Marsden, 1993) may be identified.

A number of studies document interesting religious (Cole & Dryden, 1989), cultural (e.g. Schofield, 1980; Soble, 1999) and class (Bancroft, 1989) differences in sexual activity and various relevant changes in our own culture (e.g. Giddens, 1992; Jamieson, 1998). Empirical studies into the underlying reasons for these differences and changes would be welcome.

Today's technical progress (media, sex without reproduction, reproduction without intercourse, sexual aids) influences our sexual behaviours and morality. It has been claimed to free us for less worrying sex (Bancroft, 1989) but decreased excitement (Stoller, 1976). Does today's increase in 'plastic sexuality' (Giddens, 1992) compensate for this lack of excitement and intimacy?

Psychological theories

Within an attachment perspective, secure attachment, based on individual confidence in the availability of attachment figures (Bowlby, 1988; George & West, 1999) and internalized as a self-narrative, was believed to provide a necessary (although insufficient) condition for closeness and autonomy (Holmes, 1997). Discussing possible outcomes of parental responsiveness to children, Holmes (1997) presented

closeness as a positive facet of attachment and fear of it as a negative facet of detachment.

Several researchers (e.g. Hazan & Shaver, 1987) investigated links between the basic attachment patterns in childhood and close/romantic relationships in adulthood. Of relevance is the finding that individuals with secure attachment were high on closeness and autonomy (Bartholomew, 1997; McCarthy, 1999). Insecure individuals with ambivalent/anxious attachment were unable to be close (Holmes, 1997) but were characterized by high dependence (Holmes, 1997) and romantic involvement (McCarthy, 1999). The insecure avoidant/dismissing group feared rejection (Holmes, 1997) but lacked trust and felt uncomfortable being close to others (Hazan & Shaver, 1987, 1990). The insecure fearful (disorganized) group also avoided close relationships but was more dependent and more susceptible to loneliness and depression (Bartholomew, 1990, 1997). However, being predefined, such models may not reflect the original construct of attachment. Also, one cannot ignore that no agreement has been reached within the attachment theory regarding the number of attachment/closeness patterns, as two, three, four (e.g. Bartholomew, 1990) and five attachment patterns (e.g. Feeney *et al.*, 1994) have been presented. A common framework to connect all these fragmented findings would be beneficial.

From an analytical and object relations perspective, the capacity for intimacy is determined by past and present, intrapsychic and external/intrapersonal phenomena that are linked through 'the representational world' (Siegel, 1992). Three domains (function, structure, content) of this world of stored images of self and caretakers each have a specific impact on identity and a couple's intimacy. The function refers to the emotional demands and expectations spouses place on each other. The structure concerns boundaries between spouses, depth of commitment and the degree of defences. The content of the representational world determines how the self, spouse and the relationship are experienced subjectively; in a new intimacy, the internalized past/parental figures and projection of these 'objects' may revive unresolved childhood issues that provoke anxiety. To preserve intimacy, the couple needs to distinct between self-representation and object-representation and to alter their representational world. For critics, these valuable ideas may lack precise operationalizations, 'hard evidence' and an integrative approach.

In an Eriksonian framework of closeness, genital maturity, mutuality, responsibility, openness, respect for and commitments to others determined the closeness status and a reasonable sense of identity was a prerequisite for successful resolution of the closeness versus isolation crisis and subsequent intimate experiences. Orlofsky *et al.* (1973) investigated the relationship between closeness statuses and high (realistic, confident) and low (alienated, aimless, vulnerable) ego-identity statuses. They found that individuals with high ego-identity status were higher in closeness status than those with low. Those with highest closeness statuses ('intimate') had good self-awareness, a genuine interest in others and both satisfactory and close relationships. Those with low closeness status had shallow sexual relationships (pseudo-closeness; 'stereotyped') or were anxious, mistrusting, inhibited, thus having no close personal relationships ('isolate').

Within a transactional analysis model, Berne (1971) saw closeness as the most complicated and stimulating form of emotional and personal involvement, characterized by the Free Child's dominant involvement, the Adult's guidance and the Critical Parent's and the Crooked Child's possible interference. However, many transactions are of mixed nature and difficult to classify. Furthermore, these valuable explanations are based on logical thinking rather than rigorous empirical findings. In Berne's (1971) experiments, just conversing and keeping eye contact for 15 minutes was sufficient for participants to feel close. Unfortunately, no details about sample, (artificial) conditions or longer-term effects were provided.

In Rogers' (1967) 'person-centred' approach, psychotherapy is 'the very close and intimate relationship'. In line with this, considerable attention is given to the level of intimacy in therapy and its hallmark—a level of sharing. 'Intimate moments' in therapy are linked to understanding and acceptance and are instrumental in the development of clients' self-regard; together with trust, they contribute to the development of 'mutuality' in the therapeutic relationship (Mearns & Thorne, 1988). Unfortunately, other even more real intimate relationships are often less emphasized.

Systemic theories particularly contextualize the presenting problems, including those of intimacy. For decades family and systemic therapists explored threatening past family structures, 'myths' about couples, their communicational patterns (e.g. Ross, 1985; Treacher, 1985), interactions, mutual accommodations and loyalty (e.g. Minuchin, 1974; Satir, 1978), usually not utilizing the term 'closeness/intimacy'. Recently, 'intimacy' has been addressed more directly, e.g. regarding the impact of trauma on 'subtypes of intimacy' (Mills & Turnbull, 2004). In today's integrative systemic model of distressing intimate relationships (e.g. Carr, 2000), core issues are unmet needs for intimacy and power. The observed behaviours (e.g. men demanding greater psychological distance and more sex, and females requesting greater psychological closeness and more self-disclosing conversations and autonomy) are seen to have roots in socialization processes, family-of-origin (e.g. conflictual or violent parents, enmeshment or disengagement, abuse) and the wider culture context (e.g. socio-economic status, cultural values). Distressed couples feel vulnerable, find intimacy threatening and tend to withdraw from each other, either overtly or by devoting themselves to or arguing about children (Street, 1991); sometimes a child becomes their 'intimacy regulator' (Street, 1985). However, any avoidance/lack of intimacy only leads to less satisfaction for the couple (Carr, 2000) and children (Burnett & Demnar, 1996) involved.

In gestalt therapy perspective (e.g. Schiffman, 1980), any intimate relationship requires tolerance, commitment, hard work, self-awareness and self-acceptance. Intimacy (psychological, physical and sexual) is here seen as one of the basic human needs that can be satisfied through love, and which can help in bearing the basic existential aloneness and meeting the need for affection and tenderness.

For standard, traditional cognitive–behavioural therapy broad and difficult-to-define themes such as intimacy and related problems have not been easy targets (Young *et al.*, 2003), and have been rather neglected. Closeness is viewed to result from the display of self-disclosure, emotional support, physical contact and companionship; it may be hindered by dysfunctional 'intimacy beliefs' (e.g.

overgeneralization, mind reading) that may need changing through 'cognitive restructuring' or 'behavioural experiments' (Kayser & Himle, 1994).

In a recent cognitive – behavioural development, i.e. schema therapy (Young *et al.*, 2003), deep-seated intimacy and interpersonal problems are addressed more thoroughly. In this view, if any of five core emotional needs in childhood (e.g. 'secure attachment to others') are unmet, early maladaptive schemas (pervasive and self-defeating emotional and cognitive patterns) develop and drive the individual's behaviour. The 18 possible schemas are grouped into five schema domains, of which 'disconnection and rejection' concerns attachment, love and belonging, and thus closeness. Individuals with schemas in this domain (i.e. abandonment/instability, mistrust/abuse, emotional deprivation, defectiveness/shame, social isolation/alienation) had unstable, abusive, cold, rejecting or isolated families. These unfortunate individuals do not expect their needs to be met in a new intimate relationship, and use maladaptive coping responses; they select uncommitted, abusive or critical partners ('surrendering'), avoid intimate relationship and expressions of their genuine thoughts and emotions ('avoidance') or cling to, 'smother', abuse, over-criticize or reject their partners ('overcompensation').

This integrative approach offers useful ideas about the origin of closeness-related problems and ways of addressing them but omits to discuss satisfactorily closeness unrelated to psychopathology and outside therapeutic sessions. In addition, there is currently limited empirical evidence for the existence of the schema categories.

These various theories, while distinct, do overlap in certain areas. A pan-theoretical and transcultural theory of closeness that would integrate all those fragmented findings would be beneficial.

Intimacy-related disorders

Disorders are usually conceptualized as an individual's clinical syndromes or maladaptive patterns, associated with distress, dysfunction, disability, significant risk of suffering from them or a loss of freedom (APA, 1994). However, it appears difficult to discriminate between physical and psychological contributing factors (Eardley *et al.*, 1999) and determine whether or not a particular sexual behaviour is normal, deviant, diverse or disordered. Discussions about this continue (e.g. Moynihan, 2003); most important may be the meaning/significance of a specific sexual behaviour to the individual, societal tolerance of it, and the possible effects on the couple's activity.

In defining normality and disorders, there has been an emphasis on intimacy (e.g. Berne, 1971; Holmes, 1997) and upon the individual sexual (e.g. Reich, 1987) and social self (e.g. Fromm, 1978). Both dependence and disengagement are associated with poor adjustment (e.g. Rathus & O'Leary, 1997). Some individuals suffer from fear of closeness or intimacy disorder and are inhibited in exchanging any personal information. On Sherman and Thelen's (1996) Fear of Intimacy Scale, males reported higher fear of friendship while females reported higher fear of dating. (As the sample consisted of adolescents, predominantly Caucasian, from a mid-sized American town, it may be unrepresentative of other ages and cultures.)

External factors such as isolation (Harris, 1997), as well as parental injunctions against closeness (Berne, 1971), dysfunctional beliefs about closeness (Kayser & Himle, 1994) or fears of rejection (Barthlomew, 1990, 1997), may result in avoidance of intimate experiences. Resulting emotional or social loneliness is often associated with antisocial and sexual offences, the latter viewed as inappropriate attempts at finding closeness (Marshall, 1989). Several authors (Holmes, 1997; Milne, 1999) believe that there is a link between closeness problems and personality disorders. In Birtchnell's (1997b) theory, the majority of personality difficulties belong to distant octagons. With regard to boundary difficulties and deficient 'individuation', which create various problems for intimacy, the object relations approach (Siegel, 1992) describes the schizoid, the borderline and the narcissistic vulnerabilities; the last two 'characterological problems' are also discussed in schema therapy (Young *et al.*, 2003).

Specific psychosexual disorders apparently linked to intimacy can be categorized broadly as lifelong or acquired, generalized or situational, due to psychological or combined factors, and according to the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (APA, 1994) include:

(1) sexual dysfunctions—characterized by pain, disturbances of sexual desire, arousal and orgasm;
(2) paraphilias—characterized by recurrent involvement of unusual objects, activities or situations;
(3) gender identity disorders—characterized by strong cross-gender identification; and
(4) sexual disorder not otherwise specified.

However, not everybody agrees; for example, Miletski (1999) argued that zoophilia is just a lifestyle. Furthermore, one may criticize the classification's dubious reliability and validity and a lack of guidance on aetiology and context. Less judgemental diagnoses and a clearer distinction between medical and social disorders (crimes) would be helpful, as the same sexual behaviour is treated frequently as both. In this context, distinctions between 'sexual drive' and its psychological representation 'sexual desire' (Riley, 2003), and between 'sex compulsions' (minor rituals with less impact on one's life and self-perception) and 'sex addictions' (Giddens, 1992) may be useful.

Bancroft (1989) claimed that men mainly complained of physiological and women of psychological problems. Such proposals need continuous testing, even more so in light of Giddens' (1992) prediction that the disappearance of unequal social circumstances (e.g. sexual division of labour) will result in sexual difficulties for men.

One can argue that 'ab/normal' sexual functioning should be defined primarily by ('subjective') pleasure/distress to the individual or couple involved. Some sexual preferences may not be a norm but are not necessarily bad or pathological; they may contribute to individuals' (and the couple's) satisfaction and thus mental health.

Intimacy and (psychosexual) therapy

Closeness and autonomy were proposed to be 'the fundamental aims' in psychodynamic therapy (Holmes, 1997) and encouraged in cognitive–behavioural (schema) therapy (Young *et al.*, 2003). To 'repair' or achieve 'mature' intimacy requires that unmet needs and the representational world (Siegel, 1992), i.e. 'early maladaptive schemas' (Young *et al.*, 2003), are assessed and understood, and new ways of relating to each other established.

For individuals with fears regarding closeness, therapists' empathy (Marshall, 1989; Holmes, 1997) and the enhancement of clients' feelings of security (Harris, 1997) are required. This is best accomplished by therapists capable of satisfying their own closeness needs outside their work with clients (Guy, 1987). Usually, among factors contributing to clients' success in psychosexual therapy are the therapeutic relationship, a 'combined', integrative therapeutic approach (Spence, 1991; Butcher, 1993) and their partner's support. In line with the latter, sexual and relationship therapists frequently need to be aware how individuals' sexual needs and problems are compatible with or maintained by their partners; e.g., frequency of orgasms, sexual activities and feelings of happiness were associated with (good) communication about their sexual needs (Ferroni & Taffe, 1997). Unfortunately, the causal link has remained somewhat unexplained but the findings appear to warrant partners' involvement in therapy.

Summary

Theory and research suggest that closeness is a complex concept, probably consisting of other emotions (e.g. curiosity, affection, desire, respect) that require compatibility and that are determined by multiple biological (evolution) and social (technology) factors.

It secures support, reduces vulnerability and is essential to mental health, figuring in the prevention and treatment of psychological problems and fostering meaningful functioning. Furthermore, quality of closeness is a factor in relationship satisfaction and a predictor of outcome in relationship and sexual therapy. Therefore, in psychotherapy, identification, assessment of and focus on both emotional and sexual intimacy (and increasingly common unusual sexual preferences) in one's ever-changing and multi-cultural social context may help in understanding and improving individuals and couples' (consenting) psychosexual and interpersonal functioning and health. Therapeutic strategies that facilitate closeness may empower and ease couples into working together as a team in confronting their problems. Similarly, teaching about closeness/intimacy (e.g. in schools) may help in preventing undesired effects of early romantic and sexual experiences and in directing youngsters towards working on their most basic needs.

However, many inspiring discoveries lack rigorous empirical validation and various questions concerning intimacy need answering. For example, are women increasingly combining closeness and sex? Are males shifting from their predatory

sexuality to intimacy? Do both use new rituals (e.g. 'pseudo-intimacy' on TV chat shows) rather than real intimacy? The lack of consensus and a variety of equally (un)popular conceptualizations add to the difficulty in understanding closeness. More empirical work in the areas of intimacy that clinicians face in their routine practice would be particularly welcome.

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References

American Psychiatric Association (APA) (1994). *DSM-IV, diagnostic and statistical manual of mental disorders*. Washington: APA.

Argyle, M. & Henderson, M. (1985). *The anatomy of relationships*. London: William Heinemann Ltd.

Aron, A., Aron, E.N. & Smollan, D. (1992). Inclusion of other in the self-scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology*, 63, 596–612.

Austin, C.R. (1980). Constraints on sexual behaviour. In C.R. Austin & R. V. Short (Eds), *Reproduction in mammals, vol. 8. Human sexuality* (pp. 124–150). Cambridge: Cambridge University Press.

Bancroft, J. (1980). Human sexual behaviour. In C. Austin & R. Short (Eds), *Reproduction in mammals, vol. 8. Human sexuality* (pp. 34–67). Cambridge: Cambridge University Press.

Bancroft, J. (1989). *Human sexuality and its problems*, 2nd edn. Edinburgh: Churchill Livingstone.

Bartholomew, K. (1990). Avoidance of intimacy: an attachment perspective. *Journal of Social and Personal Relationships*, 7, 147–178.

Bartholomew, K. (1997). Adult attachment processes: Individual and couple perspectives. *British Journal of Medical Psychology*, 70, 249–263.

Bartholomew, K. & Horowitz, L.M. (1991). Attachment styles among young adults: a test of a four-category model. *Journal of Personality and Social Psychology*, 61, 226–244.

Basson, R. (2002). Female sexual dysfunctions—the new models. *British Journal of Diabetes and Vascular Disease*, 2, 267–271.

Baumeister, R.F. (2004). Gender and erotic plasticity: sociocultural influences on the sex drive. *Sexual and Relatinship Therapy Journal*, 19, 133–139.

Berne, E. (1971). *Sex in human loving*. London: Andre Deutsch Limited.

Berscheid, E., Snyder, M. & Omoto, A.M. (1989). The relationship closeness inventory: assessing the closeness of interpersonal relationships. *Journal of Personality and Social Psychology*, 57, 792–807.

Birtchnell, J. (1997a). Personality set within an octagonal model of relating. In R. Plutchik & C. Hope (Eds), *Circumplex Models of Personality and Emotions* (pp. 155–182). Washington, DC: American Psychological Association.

Birtchnell, J. (1997b). Attachment in an interpersonal context. *British Journal of Medical Psychology*, 70, 265–279.

Bowlby, J. (1988). *A secure base*. London: Routledge.

Braun, W. (1996). *The cruel and the meek, sadism, masochism and flagellation*. London: Senate.

Burnett, P.C. & Demnar, W.J. (1996). The relationship between closeness to significant others and self-esteem. *Journal of Family Studies*, 2, 121–129.

Butcher, J. (1993). Ejaculatory problems. *British Journal of Sexual Medicine*, 1–2, 8–10.

Byrne, D.G. (1981). Sex differences in the reporting of symptoms of depression in the general population. *British Journal of Clinical Psychology*, 20, 83–92.

Carr, A. (2000). *Family therapy. Concepts, process and practice*. New York: John Wiley & Sons Ltd.

Cole, M. & Dryden, W. (1989). *Sex problems, your questions answered*. London: Macdonald Optima.

Cooper, A., Scherer, C.R., Boies, S.C. & Gordon, B.L. (1999). Sexuality on the internet: from sexual exploration to the pathological expression. *Professional Psychology: Research and Practice*, 30(2), 154–164.

CRAMER, P. (2000). Development of identity: gender makes a difference. *Journal of Research in Personality*, 34, 42–72.

CROWE, M. (1995). Couple therapy and sexual dysfunction. *International Review of Psychiatry*, 7, 195–204.

CROWE, M. & RIDLEY, J. (1990). *Therapy with couples: a behavioural-systems approach to marital and sexual problems*. Oxford: Blackwell Scientific.

DUNCOMBE, J. & MARSDEN, D. (1993). Love and intimacy: the gender division of emotion and 'emotion work'. A neglected aspect of sociological discussion of heterosexual relationships. *Sociology*, 27, 221–241.

DUNSTAN, G.R. (1980). A perennial morality. In C. AUSTIN & R. SHORT (Eds), *Reproduction in mammals, vol. 8. Human sexuality* (pp. 151–172). Cambridge: Cambridge University Press.

EARDLEY, I., SETHIA, K. & DEAN, J. (1999). *Erectile dysfunction. A guide to management in primary care*. London: Mosby-Wolfe.

EYSENCK, H.J. & WILSON, G. (1979). *The psychology of sex*. London: J.M. Dent & Sons Ltd.

FEENEY, J.A., NOLLER, P. & HANRAHAN, M. (1994). Assessing adult attachment. In M.B. SPERLING and W.H. BERMAN (Eds), *Attachment in adults* (pp. 128–155). London: Guilford Press.

FERRONI, P. & TAFFE, J. (1997). Women's emotional well-being: the importance of communicating sexual needs. *Sexual and Marital Therapy*, 12, 127–138.

FOOT, H.C., SMITH, J.R. & CHAPMAN, A.J. (1979). Non-verbal expressions of intimacy in children. In M. COOK & G. WILSON (Eds), *Love and Attraction* (pp. 131–136). Oxford: Pergamon Press.

FREUD, S. (1973). *Introductory lectures on psychoanalysis* (translated by J. STRACHEY). Harmondsworth: Pelican Freud Library, Penguin Books

FROMM, E. (1978). *The art of loving*. London: Unwin Paperbacks.

FURNHAM, A. & HENDERSON, M. (1981). Sex differences in self-reported assertiveness in Britain. *British Journal of Clinical Psychology*, 20, 227–238.

GEDDESS & GROSSET (Publishers) (1999). *New English dictionary and thesaurus*. New Lanark: Children's Leisure Products Limited.

GEORGE, C. & WEST, M. (1999). Developmental vs. social personality models of adult attachment and mental ill health. *British Journal of Medical Psychology*, 72, 285–303.

GIDDENS, A. (1992). *The transformation of intimacy. Sexuality, love and eroticism in modern societies*. Cambridge: Polity Press.

GOLDENBERG, J.L., PYSZCZYNSKI, T., MCCOY, S.K., GREENBERG, J. & SOLOMON, S. (1999). Death, sex, love, and neuroticism: why is sex a problem? *Journal of Personality and Social Psychology*, 77, 1173–1187.

GRAHAM, G. & LAFOLLETTE, H. (1986). Honesty and intimacy. Available at: http://etsu.edu/philos/faculty/hugh/honesty.htm (15/12/00).

GREEN, R. (1980). Variant forms of human sexual behaviour. In C. AUSTIN & R. SHORT (Eds), *Reproduction in mammals, vol. 8. Human sexuality* (pp. 68–97). Cambridge: Cambridge University Press.

GREILING, H. & BUSS, D.M. (2000). Women's sexual strategies: the hidden dimension of extra-pair mating. *Personality and Individual Differences*, 28, 929–963.

GRIFFIN-SHELLEY, E. (2003). The internet and sexuality: a literature review—1983–2002. *Sexual and Relationship Therapy*, 18, 355–370.

GUY, J.D. (1987). *The personal life of the psychotherapist*, chapters 3 (pp. 75–103) and 4 (pp. 105–146). New York: John Wiley & Sons.

HADDOCK, S. A. & LYNESS, K. P. (2002). Three aspects of the therapeutic conversation in couples therapy: does gender make a difference? *Journal of Couple and Relationship Therapy*, 1, 5–23.

HARALAMBOS, M. & HOLBORN, M. (1991). *Sociology. Themes and perspectives*, 3rd edn. London: CollinsEducational.

HARRIS, T. O. (1997). Adult attachment processes and psychotherapy: a commentary on Bartholomew and Birtchnell. *British Journal of Medical Psychology*, 70, 281–290.

HAZAN, C. & SHAVER, P. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology*, 52, 511–524.

HAZAN, C. & SHAVER, P. (1990). Love and work: an attachment-theoretical perspective. *Journal of Personality and Social Psychology*, 59, 270–280.

HETHERINGTON, S.E. & SOEKEN, K.L. (1990). Measuring changes in intimacy and sexuality: a self-administered scale. *Journal of Sex Education and Therapy*, 16, 155–163.

HINDY, C.G. & SCHWARZ, J.C. (1994). Anxious romantic attachment in adult relationships. In M.B. SPERLING and W.H. BERMAN (Eds), *Attachment in adults* (pp. 179–200). London: Guilford Press.

HOLAHAN, C.J. & MOOS, R.H. (1983). The quality of social support: measures of family and work relationships. *British Journal of Clinical Psychology*, 22, 157–162.

HOLMES, J. (1997). Attachment, autonomy, intimacy: some clinical implications of attachment theory. *British Journal of Medical Psychology*, 70, 231–248.

HUNT, J. & MOSS, J. (1996). Unwanted sexual experience and female urinary incontinence. *British Journal of Health Psychology*, 1, 91–94.

JAMIESON, L. (1998). *Intimacy, personal relationship in modern societies*. Oxford: Polity Press & Blackwell Publishers Ltd.

JAMIESON, L. (1999). Intimacy transformed? A critical look at the 'pure relationship'. *Sociology*, 33, 477–494.

KAYSER, K. & HIMLE, D.P. (1994). Dysfunctional beliefs about intimacy. *Journal of Cognitive Psychotherapy: An International Quarterly*, 8(2), 127–140.

KERBER, K.B. (1994). The marital balance of power and quid pro quo: an evolutionary perspective. *Ethology and Sociobiology*, 15, 283–297.

LAW, L. (1998). Circles of intimacy exercise. Available at: http://www.sanasys.com/hmhc/intimac.html.

LEVINE, S.B. (Ed.) (1995). Clinical sexuality. *Psychiatric Clinics of North America*, 18(1), 1–6.

LEVINGER, G. (1980). Towards the analysis of close relationship. *Journal of Experimental Social Psychology*, 16, 510–544.

MARKS, M.R. & FLOYD, K. (1996). Meanings for closeness and intimacy in friendship. *Journal of Social and Personal Relationships*, 13, 85–107.

MARSHALL, W.L. (1989). Intimacy, loneliness and sexual offenders. *Behaviour Research and Therapy*, 27, 491–503.

MASTERS, W.H., JOHNSON, V.E. & KOLODNY, R.C. (1995). *Human sexuality*. New York: HarperCollins College Publishers, Inc.

MCADAMS, D.P. (1988). Personal needs and personal relationships. In S.W. DUCK (Ed.), *Handbook of personal relationships. Theory, research and interventions* (pp. 7–22). New York: Wiley.

MCCARTHY, G. (1999). Attachment style and adult love relationships and friendships: a study of a group of women at risk of experiencing relationship difficulties. *British Journal of Medical Psychology*, 72, 305–321.

MEARNS, D. & THORNE, B. (1988). *Person-centred counselling in action*. London: Sage Publications.

MICHAEL, R.T., GAGNON, J.H., LAUMANN, E.O. & KOLATA, G. (1994) . *Sex in America. A definitive survey*. London: Little, Brown and Company.

MILETSKI, H. (1999). *Hidden love*, Channel 4, 14 September 1999.

MILLER, R.S. & LEFCOURT, H.M. (1982). The assessment of social intimacy. *Journal of Personality Assessment*, 46, 514–518.

MILNE, D. (Ed.) (1992). *Assessment: a mental health portfolio*. Windsor: NFER-Nelson.

MILNE, D. & NETHERWOOD, P. (1997). Seeking social support: an observational instrumental and illustrative analysis. *Behavioural and Cognitive Psychotherapy*, 25, 173–185.

MILLS, B. & TURNBULL, G. (2004). Broken hearts and mending bodies: the impact of trauma on intimacy. *Sexual and Relationship Therapy*, 19, 265–289.

MINUCHIN, S. (1974). *Families and family therapy*. London: Tavistock Publications.

MORAHAN-MARTIN, J. (1997). *Presentation: gender differences in internet use*. Bryant College, Smithfield, RI. Session 1180, 1.00 pm, 15 August, Hyatt Regency Chicago, Columbian Room. Available at: http://www.apa.org/releases/interadd.html.

MOYNIHAN, R. (2003). The making of a disease: female sexual dysfunction. *British Medical Journal*, 326, 45–47.

ORLOFSKY, J.L., MARCIA, J.E. & LESSER, I.M. (1973). Ego identity status and the intimacy versus isolation crisis of young adulthood. *Journal of Personality and Social Psychology*, 27, 211–219.

POPOVIC, M., MILNE, D. & BARRETT, P. (2003). The scale of perceived interpersonal closeness (PICS), *Clinical Psychology and Psychotherapy*, 10, 286–301.

RATHUS, J.H. & O'LEARY, D. (1997). Spouse-specific dependency scale: scale development. *Journal of Family Violence*, 12, 159–167.

REINISCH, J. & BEASLEY, R. (1991). *The Kinsey Institute new report on sex*. London: Penguin Books Ltd.

REICH, W. (1987). *Analiza karaktera (Character analysis)*. Zagreb: Naprijed.

RIDLEY, J. (1993). Gender and couples: do men and women seek different kinds of intimacy? *Sexual and Marital Therapy*, 8, 243–253.

RILEY, A. (2003). *Sexual physiology and endocrinology*. Lecture notes taken on Professor Riley's presentations at UCLAN on 23 September 2003.

RHODES, G., HICKFORD, C. & JEFFERY, L. (2000). Sex-typicality and attractiveness: are supermale and superfemale faces super-attractive? *British Journal of Psychology*, 91, 125–140.
ROGERS, C.R. (1967). *On becoming a person. A therapist's view of psychotherapy*. London: Constable.
ROSS, J. (1985). Marriage preparation. In W. Dryden (Ed.). *Marital therapy in Britain, vol. 2. Special areas* (pp. 149–171). London: Harper & Row Ltd.
RUBINSKY, H.G., ECKERMAN, D.A., RUBINSKY, E.W. & HOOVER, C.R. (1987). Early phase physiological response patterns to psychosexual stimuli: comparison of male and female patterns. *Archives of Sexual Behavior*, 16, 45–56.
RUST, J. & GOLOMBOK, S. (1986). *The Golombok Rust inventory of sexual satisfaction*. Windsor: NFER-Nelson.
SARASON, B.R., SHEARIN, E.N., PIERCE, G.R. & SARASON, I.G. (1987). Interrelations of social support measures: theoretical and practical implications. *Journal of Personality and Social Psychology*, 52, 813–832.
SATIR, V. (1978). *Conjoint family therapy*. London: Souvenir Press Ltd.
SCHAEFER, M.T. & OLSON, D.H. (1981). Assessing intimacy: the PAIR inventory. *Journal of Marital and Family Therapy*, 7, 47–60.
SCHIFFMAN, M. (1980). *Gestalt self-therapy*. Oakland: Wingbow Press.
SCHMIEDECK, R.A. (1978). *The personal sphere model*. New York: Grune & Stratton, Inc.
SCHOFIELD, M. (1980). Patterns of sexual behaviour in contemporary society. In C. AUSTIN & R. SHORT (Eds), *Human sexuality* (pp. 98–123). Cambridge: Cambridge University Press.
SHACKELFORD, T.K. & BUSS, D.M. (2000). Marital satisfaction and spousal cost-infliction. *Personality and Individual Differences*, 28, 917–928.
SHERMAN, M.D. & THELEN, M.H. (1996). Fear of intimacy scale: validation and extension with adolescents. *Journal of Social and Personal Relationships*, 13, 507–521.
SIEGEL, J. (1992). *Repairing intimacy. An object relations approach to couples therapy*. London: Jason Aronson Inc.
SIMPSON, J.A. (1987). The dissolution of romantic relationship: factors involved in relationship stability and emotional distress. *Journal of Personality and Social Psychology*, 53, 683–692.
SMITH, T. (Ed.), (1997). *The British Medical Association complete family health encyclopedia*, revised edn, 1995 (p. 574). Godalming: Colour Library.
SOANS, C. & STEVENSON, A. (2003). *Oxford dictionary of English*, 2nd edn. Oxford: Oxford University Press.
SOBLE, A. (1999). *Towards 2000: gender diversity now and into the next century*. Keynote lecture for the UNO Colloquium. Available at: *http://www.uno.edu/~phil/ROUT.htm*.
SPENCE, H.S. (1991). *Psychosexual therapy. A cognitive-behavioural approach*. London: Chapman & Hall.
STERNBERG, R.J. & BARNES M.L. (1985). Real and ideal others in romantic relationship: is four a crowd? *Journal of Personality and Social Psychology*, 49, 1586–1608.
STOLLER, R.J. (1976). *Perversion, the erotic form of hatred*. Hassocks: Harvester Press.
STREET, E. (1991). Couple therapy in the family context. In D. HOOPER & W. DRYDEN (Eds), *Couple therapy: a handbook* (pp. 90–109). Milton Keynes: Open University Press.
STREET, E. (1985). From child-focused problems to marital issues. In W. DRYDEN (Ed.). *Marital therapy in Britain, vol. 2. Special areas* (pp. 50–74). London: Harper & Row Ltd.
TIEFER, L. & KRING, B. (1995). Gender and the organization of sexual behaviour. In S.B. LEVINE (Ed.), *Clinical Sexuality*, *The Psychiatric Clinics of North America* (pp. 25–37). London: W.B. Saunders Company.
TREACHER, A. (1985). Working with marital partners: systems approaches. In W. Dryden (Ed.). *Marital therapy in Britain, vol. 1. Context and therapeutic approaches* (pp. 249–284). London: Harper & Row Ltd.
TZENG, O.C.S. (1993). *Measurement of love and intimate relations, theories, scales, and applications for love development, maintenance, and dissolution*. Westport: Praeger Publishers.
WARING, E.M. (1979). Waring Intimacy Questionnaire (WIQ). Available at: http://ericae.net. tc3/TC830491.htm (18.04.00.)
WOODS, N.F. (1984). *Human sexuality in health and illness*, 3rd edn. St Lous: C.V. Mosby Company.
YOUNG, J.E., KLOSKO, J.S. & WEISHAAR, M.E. (2003). *Schema therapy. A practitioner's guide*. New York: Guilford Press.

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